

Tuition-In Billing (TIB) Application Instructions

Due Dates:

February 15: Submit first semester billing

June 15: Enter all students

June 30: Verify all students

July 15: Submit second semester billing

August 1: Submit claims

PAY TUITION BILLINGS IN A TIMELY MANNER AFTER THE NEXT BOARD MEETING

You must select one of the two options available to determine your first semester billing. **Please note that once you have chosen the selected option, you will not be able to change the selection and this will remain the choice through March 15.**

First Option: this option does not require you to upload the district's CAR. If you choose this option, you must check the box that reads "Use Per Day/Hour Estimated Rates from Table (daily amount of weighting plus GPP: $((SE/180) + (GPP/180))$ " before you click the "TI Billing" button. After you select this option, you will click the "TI Billing" button, and the program will go to screen 1 showing the district's special education cost per day/hour, general purpose percentage cost per day/hour and total billable special education cost per day/hour. You may then proceed to screen 2 if you have a special program to enter; or go directly to screen 3 and enter the required student information to complete first semester billings. If you are billing first semester for a special education preschool student, you must enter the student on Screen 3 with a student status of Full Time/Tuition In/In District or Part Time/Tuition In/In District and NOT Full Time/Tuition In/Preschool. You must enter the special education preschool student in this manner for the student billing to appear on screen 8. This process needs to be followed for first semester billings only. For your final billings, you will need to change the preschool student's status to Full Time/Preschool/In District or Part Time/Preschool/In District.

We added this option last year to simplify the process for first semester and to assure that every district is sending/receiving first semester bills. Please see the examples below that

show the calculations of the districts basic daily rate for Level I, Level II, and Level III students. For the examples, DCP = \$6,121 and the District's Level I GPP = 82% and days of attendance = 90. However, when you actually enter your information, the GPP for level 1 will be the GPP rate for your individual district and the days of attendance will be the actual days of attendance which might be less than 90 for students that were not enrolled and had IEPs for the full semester.

Basic Daily Rate For a Level I Student:

Special Education Cost:

DCP X Special Ed Weighting / 180 X 1st Semester Billing Days = Special Ed Expenditures

$$[(\$6,121 \times .82) / 180] \times 90 \text{ days} = \$2,203.20$$

General Purpose Percentage:

DCP X Level I GPP % (each district is different) / 180 X 1st Semester Billing Days = GPP

$$[(\$6,121 \times .82) / 180] \times 90 \text{ days} = \$2,509.20$$

Basic Daily Rate For a Level II Student:

Special Education Cost:

DCP X Special Ed Weighting / 180 X 1st Semester Billing Days = Special Ed Expenditures

$$[(\$6,121 \times 1.21) / 180] \times 90 \text{ days} = \$3,703.50$$

General Purpose Percentage:

DCP X Level II GPP % (all districts are the same) / 180 X 1st Semester Billing Days = GPP

$$[(\$6,121 \times .32) / 180] \times 90 \text{ days} = \$979.20$$

Basic Daily Rate For a Level III Student:

Special Education Cost:

DCP X Special Ed Weighting / 180 X 1st Semester Billing Days = Special Ed Expenditures

$$[(\$6,121 \times 2.74) / 180] \times 90 \text{ days} = \$8,386.20$$

General Purpose Percentage:

DCP X Level III GPP % (all districts are the same) / 180 X 1st Semester Billing Days = GPP


$$[(\$6,121 \times .27) / 180] \times 90 \text{ days} = \$826.20$$

Second Option: this is the method that districts have used in past years and requires an upload of the district's CAR data. You will need to click on the second option that reads "Use Per Day Actual Cost Rates as Calculated on Screen 1" and proceed as usual.

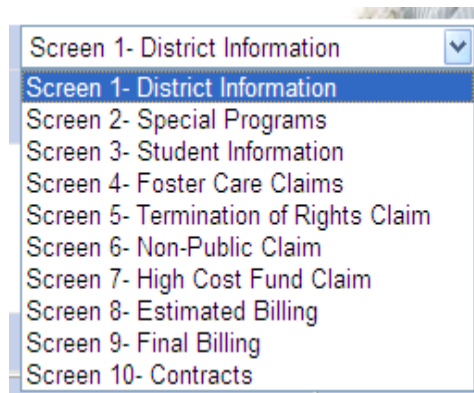
Screen 1: District Information

The purpose of this screen is to determine the cost of the district's special education program in each weighting category. The only costs that should be listed on this screen are those associated with the district's special education program, excluding IDEA , Medicaid, and other categorical funding outside of special education weighting. Also, special education preschool expenditures are uploaded to screen 2 by the program rather than screen 1. Any costs and student days related to education programs included on screen two should be removed from screen one as instructed below. Screen one calculates a cost per day amount to be used with the days of attendance information input on each student's record in Screen 3 to calculate the special education expenditures for Screens 8 and 9.

Step 1: In the upper left-hand corner of this page, the LEA needs to verify the correct year has been selected for billing. Select 2015

A screenshot of a web form element. It consists of a yellow rectangular box on the left containing the text "Year:". To the right of this box is a white rectangular dropdown menu. The dropdown menu currently displays the year "2013" and has a small downward-pointing arrow on its right side.

To make additional screen choices, the LEA can select the screen from the dropdown menu at the top of this screen.

A screenshot of a web form element showing a dropdown menu. The menu is open, displaying a list of ten options. The first option, "Screen 1- District Information", is highlighted with a blue background. The other options are listed in a standard font. The options are: "Screen 1- District Information", "Screen 2- Special Programs", "Screen 3- Student Information", "Screen 4- Foster Care Claims", "Screen 5- Termination of Rights Claim", "Screen 6- Non-Public Claim", "Screen 7- High Cost Fund Claim", "Screen 8- Estimated Billing", "Screen 9- Final Billing", and "Screen 10- Contracts".

Step 2: Verify the information uploaded from the billing upload on the main page is correct. Be sure that the district has properly coded all categorical funding, including IDEA and Medicaid, prior to uploading. The LEA can select an amount in the gray cells, and it will trigger a pop-up window which lists all the accounts included in the amount. All information listed in the gray cells comes from the upload. If the information is incorrect, the LEA will need to correct its accounting system records and re-upload the corrected file.

If the district has used the unallocated codes (219 or 249), a pop up screen will appear where the district must allocate those unallocated costs by the students attendance days related to the various levels. These costs must be allocated to level I, II, or III (project 3301, 3302, or 3303).

Unallocated Special Education Costs Breakdown Program

This program is used to more appropriately allocate, unallocated special education expenditures between the 3 weighting categories where the district was unable to do so. Not all costs in special education are unallocated. If the expenditure can be identified with a specific weighting category, the district should code that expenditure to the corresponding weighting. An example of an unallocated cost would be special education teachers that support special education students in various weightings. Costs associated with an individual student are not unallocated and should be coded to the student's weighting.

In order to use this program, the district will need to code all **unallocated** costs with a "Program" expenditure code of 219, 229, 239, or 249, instead of program expenditure code 211, 214, 217, 224, 227, 234, 237, 241, 244, or 247. District should use project code 3305 but the system will also pick up "Project" 3301, 3302, 3303, or 0000 used with those programs.

Unallocated costs for programs 219 and 249 will go to Screen 1 and unallocated costs for programs 229 and 239 will go to preschool on screen 2.

Step 1: Verify the amounts listed in the table below are correct by selecting the dollar amount listed under the amount column for each expenditure category.

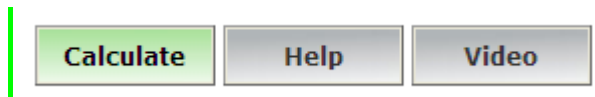
For example, if your district did not properly code a portion of each special education teacher's salary to TSS, you will need to correct that and reload before running this program. Also check for any other state or federal categorical funding that your district had not identified with the proper project code.

Unallocated Costs	
Expenses	Amount
Salaries	\$211,219.71
Benefits	\$56,756.77
Employee Travel	\$0.00
Supplies & Materials	\$1,411.44
Contracted Services (Non-Tuition)	\$359.62
Equipment	\$0.00
Total	\$269,747.54

Step 2: Enter the total number of student days, including both resident and non-resident students, served in your district's special education program in the cells listed below.


Allocation of Special Education Costs			
Expenses	Weight 1.72	Weight 2.21	Weight 3.74
Total Student Days (Resident & Non-Resident)	1,500	1,000	500

Step 3: Return to the top of the screen and select the "Calculate" button.



Allocation of Special Education Costs				
Expenses	Weight 1.72	Weight 2.21	Weight 3.74	Total Expenses
Total Student Days (Resident & Non-Resident)	1,500	1,000	500	3,000
Salaries	\$63,365.91	\$84,487.88	\$63,365.91	\$211,219.70
Employee Benefits	\$17,027.03	\$22,702.71	\$17,027.03	\$56,756.77
Employee Travel	\$0.00	\$0.00	\$0.00	\$0.00
Supplies & Materials	\$423.43	\$564.58	\$423.43	\$1,411.44
Contracted Services (Non-Tuition)	\$107.89	\$143.85	\$107.89	\$359.63
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$80,924.26	\$107,899.02	\$80,924.26	\$269,747.54

Step 4: The “**Expenditures**” listed in the table should now appear as hyperlinks.

Expenses
Total Student Days (Resident & Non-Resident)
Salaries
Employee Benefits
Employee Travel
Supplies & Materials 
Contracted Services (Non-Tuition)
Equipment

Step 5: Select the hyperlink for each expenditure category and a pop-up window will appear, which lists all the adjusting entries to be made to the district’s accounting records to appropriately split the unallocated expenditures between weighting categories.

<div>Print</div>										
Debit										
Fiscal Year	Account ID	Fund	Facility	Function	Program	Project	Object	Source	Account	Amount
2011	9	10	1409	1200	211	3301	612			\$256.97
2011	9	10	1409	1200	214	3302	612			\$342.63
2011	9	10	1409	1200	217	3303	612			\$256.97
2011	9	10	2172	1200	211	3301	612			\$166.46
2011	9	10	2172	1200	214	3302	612			\$221.95
2011	9	10	2172	1200	217	3303	612			\$166.46
									Total	\$1,411.44
Credit										
Fiscal Year	Account ID	Fund	Facility	Function	Program	Project	Object	Source	Account	Amount
2011	9	10	1409	1200	219	0000	612			\$856.57
2011	9	10	2172	1200	219	0000	612			\$554.87
									Total	\$1,411.44

Step 6: Print each pop-up window and enter the adjustments in the district’s accounting system. If you are not getting pop-up windows when you select the hyperlinks, your

computer's pop-up blocker is on. You will need to shut off your computer's pop-up blocker to see these windows.

CHART OF ACCOUNTING CODING UPLOADED INTO THE TIB

This Coding is for the 21X and 24X programs uploaded into Screen 1.

The Preschool Program in Screen 2 is the same coding except that it is for the 22X and 23X programs. The other programs in Screen 2 will be the same 21X and 24X that the district has moved from Screen 1 to Screen 2 for the special programs.

Salaries 1.72

Account ID=9, fund=10, function between 1000 and 2299, program in (211, 241), project in 3301, object between 100 and 109 or object between 120 and 149

Salaries 2.21

Account ID=9, fund=10, function between 1000 and 2299, program in (214, 244), project in 3302, object between 100 and 109 or object between 120 and 149

Salaries 3.74

Account ID=9, fund=10, function between 1000 and 2299, program in (217, 247), project in 3303, object between 100 and 109 or object between 120 and 149

Employee Benefits 1.72

Account ID=9, fund=10, function between 1000 and 2299, program in (211, 241), project in 3301, object between 200 and 279 and object 294

Employee Benefits 2.21

Account ID=9, fund=10, function between 1000 and 2299, program in (214, 244), project in 3302, object between 200 and 279 and object 294

Employee Benefits 3.74

Account ID=9, fund=10, function between 1000 and 2299, program in (217, 247), project in 3303, object between 200 and 279 and object 294

Employee Travel 1.72

Account ID=9, fund=10, function between 1000 and 2299, program in (211, 241), project in 3301, object between 580 and 589

Employee Travel 2.21

Account ID=9, fund=10, function between 1000 and 2299, program in (214, 244), project in 3302, object between 580 and 589

Employee Travel 3.74

Account ID=9, fund=10, function between 1000 and 2299, program in (217, 247), project in 3303, object between 580 and 589

Supplies & Materials 1.72

Account ID=9, fund=10, function between 1000 and 2299, program in (211, 241), project in 3301, object between 640 and 669 or object in (610, 612, 613)

Supplies & Materials 2.21

Account ID=9, fund=10, function between 1000 and 2299, program in (214, 244), project in 3302, object between 640 and 669 or object in (610, 612, 613)

Supplies & Materials 3.74

Account ID=9, fund=10, function between 1000 and 2299, program in (217, 247), project in 3303, object between 640 and 669 or object in (610, 612, 613)

Contracts (Non-Tuition) 1.72

Account ID=9, fund=10, function between 1000 and 2299 or function between 2510 and 2519, program in (211, 241), project in 3301, object between 320 and 339 or object between 350 to 359 or object in (430, 431, 433, 347) or object between 590 and 599 or object between 810 and 819

Contracts (Non-Tuition) 2.21

Account ID=9, fund=10, function between 1000 and 2299 or function between 2510 and 2519, program in (214, 244), project in 3302, object between 320 and 339 or object between 350 to 359 or object in (430, 431, 433, 347) or object between 590 and 599 or object between 810 and 819

Contracts (Non-Tuition) 3.74

Account ID=9, fund=10, function between 1000 and 2299 or function between 2510 and 2519, program in (217, 247), project in 3303, object between 320 and 339 or object between 350 to 359 or object in (430, 431, 433, 347) or object between 590 and 599 or object between 810 and 819

Equipment 1.72

Account ID=9, fund=10, function between 1000 and 2299, program in (211, 241), project in 3301, object in (734, 739)

Equipment 2.21

Account ID=9, fund=10, function between 1000 and 2299, program in (214, 244), project in 3302, object in (734, 739)

Equipment 3.74

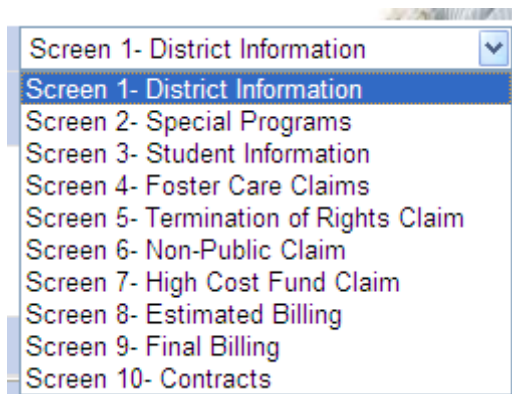
Account ID=9, fund=10, function between 1000 and 2299, program in (217, 247), project in 3303 object in (734, 739)

Step 3: Enter the “**Total Special Education Student Days/Hours**” of the LEA’s special education program, **including both resident and non-resident students**. This should equal the sum of all students’ enrolled days/hours of every student served in the district’s special education program. **Do not include the special education student days/hours that the district will include on Screen 2.** Example for student days: If you have 10 students that were there for 180 days for the entire year, the total special education student days would be 1,800. The count input into each cell will not equal 180 unless there is only one student educated at that level for the entire year. Example for student hours: If you have 10 students that were there for 1,080 hours for the entire year (180 days X 6 hours/day), the total special education student hours would be 10,800. The count input into each cell will not equal 1,080 unless there is only one student educated at that level for the entire year.

Total Special Education Student Days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
--------------------------------------	--------------------------------	--------------------------------	--------------------------------

Step 4: Select the “**submit**” button to save the information entered and to have the program calculate the “**Total Billable Special Education Cost/Day**” for each weighting category.

Step 5: Go to the dropdown menu at the top of screen 1 and select “**Screen 2 – Special Programs**”.



Screen 2: Special Programs

There are five separate types of special programs available for purposes of billings. They are private day program, private residential program, preschool program, adult prison program, and special (segregated) SPED program. A day program, for purposes of this screen, is an educational program at a private facility where the students only attend during the day and return home in the evening, and the district is contracting with a private entity for the private entity to provide the educational component. A residential program is an educational program offered at a private facility where the students reside (live). To be classified as a residential program for purposes of this screen, the district must be contracting with a private entity for the private entity to provide the educational component. A preschool program is an educational program offered by the district to students with IEPs before they enter kindergarten. An adult prison is an educational program provided by the district in an adult correctional facility located within the district boundaries; the program is limited to special education instruction and services but does not include any regular education component. A special SPED program is a segregated special education program in a separate facility with the educational program offered by the school district. Before using this program type, contact the Department to make sure it is appropriate.

These calculated costs per day for special programs on Screen 2 will be used, instead of the costs per day from Screen 1, with the student days of attendance information input on each student record in Screen 3 to calculate the special education expenditures on Screens 8 and 9.

Adding a Day Program:

Step 1: If the district does not contract for an educational day program, skip the “**Adding a Day Program**” section.

Step 2: If the LEA serves students in a day program, select the “**Add Day Program**” button.

Step 3: Enter the entity’s name.

Add/ Edit Entity Name:
Entity Name:

Step 4: Enter the total special education allowable expenditure objects for the day program in all of the following weighting categories.

Total Salaries	\$500,000.00	\$400,000.00	\$300,000.00
Total Employee Benefits	\$200,000.00	\$100,000.00	\$90,000.00
Total Employee Travel	\$80,000.00	\$70,000.00	\$60,000.00
Total Supplies & Materials	\$50,000.00	\$40,000.00	\$30,000.00
Total Contracted Services (Non-Tuition)	\$20,000.00	\$10,000.00	\$9,000.00
Total Equipment	\$8,000.00	\$7,000.00	\$6,000.00

Step 5: Enter the total amount of individualized costs for each weighting category for all students educated in the district’s special education day program, including both resident and non-resident students. Individualized costs are costs incurred by the district for services provided to a single student.

Less: Individualized Student Costs	\$0.00	\$0.00	\$0.00
------------------------------------	--------	--------	--------

Step 6: Enter the “**Total Special Education Student Days/Hours**” of the LEA’s special education day program, including both resident and non-resident students. This should equal the sum of all students’ enrolled days of every student served in the district’s special education day program. Example: The count input into each cell will not equal 180 unless there is only one student educated at that level for the entire year.

Total Special Education Student Days	0	0	0
--------------------------------------	---	---	---

Step 7: Select the “**submit**” button to save the information entered and to have the program calculate the costs for each weighting category.

Adding a Residential Program:

Step 1: If the district does not have an educational program at a residential facility located within its district boundaries, skip the “**Adding a Residential Program**” section.

Step 2: If the district provides an educational program to students in a residential facility, select the “**Add Residential Program**” button.

Step 3: Enter the entity's name.

Add/ Edit Entity Name:

Entity Name:

Step 4: Enter the total special education allowable expenditure objects for the residential program in all of the following weighting categories.

Total Salaries	<input type="text" value="\$500,000.00"/>	<input type="text" value="\$400,000.00"/>	<input type="text" value="\$300,000.00"/>
Total Employee Benefits	<input type="text" value="\$200,000.00"/>	<input type="text" value="\$100,000.00"/>	<input type="text" value="\$90,000.00"/>
Total Employee Travel	<input type="text" value="\$80,000.00"/>	<input type="text" value="\$70,000.00"/>	<input type="text" value="\$60,000.00"/>
Total Supplies & Materials	<input type="text" value="\$50,000.00"/>	<input type="text" value="\$40,000.00"/>	<input type="text" value="\$30,000.00"/>
Total Contracted Services (Non-Tuition)	<input type="text" value="\$20,000.00"/>	<input type="text" value="\$10,000.00"/>	<input type="text" value="\$9,000.00"/>
Total Equipment	<input type="text" value="\$8,000.00"/>	<input type="text" value="\$7,000.00"/>	<input type="text" value="\$6,000.00"/>

Step 5: Enter the total amount of individualized costs for each weighting category for all students educated in the district's special education residential program, including both resident and non-resident students. Individualized costs are costs incurred by the district for services provided to a single student.

Less: Individualized Student Costs	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Step 6: Enter the "Total Special Education Student Days/Hours" of the LEA's special education program at a residential facility, including both resident and non-resident students. This should equal the sum of all students' enrolled days of every student served in the district's special education residential program. Example: The count input into each cell will not equal 180 unless there is only one student educated at that level for the entire year.

Total Special Education Student Days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
--------------------------------------	--------------------------------	--------------------------------	--------------------------------

Step 7: Select the "submit" button to save the information entered and to have the program calculate the costs for each weighting category.

Adding an Adult Prison:

Step 1: If no special education program is provided at an adult prison located within the district boundaries, skip the “Adding an Adult Prison” section.

Step 2: If the district provided special education to students in an adult prison, select the “Add Adult Prison” button.

Step 3: Enter the entity’s name.

Add/ Edit Entity Name:

Entity Name:

Step 4: Enter the total special education allowable expenditure objects for the adult prison’s educational program in all of the following weighting categories.

Total Salaries	<input type="text" value="\$500,000.00"/>	<input type="text" value="\$400,000.00"/>	<input type="text" value="\$300,000.00"/>
Total Employee Benefits	<input type="text" value="\$200,000.00"/>	<input type="text" value="\$100,000.00"/>	<input type="text" value="\$90,000.00"/>
Total Employee Travel	<input type="text" value="\$80,000.00"/>	<input type="text" value="\$70,000.00"/>	<input type="text" value="\$60,000.00"/>
Total Supplies & Materials	<input type="text" value="\$50,000.00"/>	<input type="text" value="\$40,000.00"/>	<input type="text" value="\$30,000.00"/>
Total Contracted Services (Non-Tuition)	<input type="text" value="\$20,000.00"/>	<input type="text" value="\$10,000.00"/>	<input type="text" value="\$9,000.00"/>
Total Equipment	<input type="text" value="\$8,000.00"/>	<input type="text" value="\$7,000.00"/>	<input type="text" value="\$6,000.00"/>

Step 5: Enter the total amount of individualized costs for each weighting category for **all** students educated in the district’s special education program at the prison, including both resident and non-resident students. Individualized costs are costs incurred by the LEA for services provided to a single student.

Less: Individualized Student Costs	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Step 6: Enter the “Total Special Education Student Days/Hours” of the district’s special education program at the prison, including both resident and non-resident students. This should equal the sum of all students’ enrolled days of all students served in the district’s

special education prison program. Example: The count input into each cell will not equal 180 unless there is only one student educated at that level for the entire year.

Total Special Education Student Days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
--------------------------------------	--------------------------------	--------------------------------	--------------------------------

Step 7: Select the “**submit**” button to save the information inputted and to have the program calculate the costs for each weighting category.

Adding a Preschool Program:

Step 1: If no special education preschool program is needed, skip the “**Adding a Preschool Program**” section.

Step 2: If the district serves students in a special education preschool program, select the “**Add Preschool Program**” button.

Step 3: Enter the entity’s name.

Add/ Edit Entity Name:	
Entity Name:	<input type="text" value="Kids Company"/>

Step 4: Verify the information uploaded from the billing upload on the main page is correct. All information, listed in the gray cells, comes from the upload. If the information is incorrect, the district will need to make coding corrections in the district’s accounting system records and re-upload the corrected file.

Total Salaries	\$197,074.28	\$211,219.71	\$61,830.11
Total Employee Benefits	\$53,443.40	\$56,756.77	\$11,408.39
Total Employee Travel	\$0.00	\$0.00	\$103.92
Total Supplies & Materials	\$1,392.35	\$1,411.44	\$0.00
Total Contracted Services (Non-Tuition)	\$3,275.00	\$359.62	\$0.00
Total Equipment	\$0.00	\$0.00	\$0.00
Less: Part B Reduced by CEIS	\$35,770.00	\$0.00	\$0.00
Less: Medicaid Reimbursement	(\$2,668.00)	(\$234.00)	(\$133.00)

NOTE: This program has not been updated to remove these last 2 rows on Part B and Medicaid. However, the upload from the CAR has not included any federal funding, so these rows will be zero in all columns. These rows will be removed for FY14.

For the coding used to populate the TIB program, refer to the coding included in the instructions for Screen 1. All coding is the same except that preschool programs are 22X and 23X. If the district has coded expenditures to programs 229 or 239, a screen will pop up to allocate those costs to Level II or III.

Step 5: Enter the total amount of individualized costs for each weighting category for all students educated in the district's special education preschool program, including both resident and non-resident students. Individualized costs are costs incurred by the LEA for services provided to a single student. **For any individualized cost funded with IDEA Part B or Part C or Medicaid or other categorical funding, deduct those amounts from the total individualized costs before entering the amounts in these cells because these costs were not uploaded from the CAR-COA into the TIB program.**

Less: Individualized Student Costs	\$0.00	\$0.00	\$0.00
------------------------------------	--------	--------	--------

Step 6: Enter the "Total Special Education Student Days/Hours" of the district's special education preschool program, including both resident and non-resident students. This should equal the sum of all students' enrolled days of all students served in the district's special education preschool program. Example: The count input into each cell will not equal 180 unless there is only one student educated at that level for the entire year.

Total Special Education Student Days	0	0	0
--------------------------------------	---	---	---

Step 7: Select the “**submit**” button to save the information entered and to have the program calculate the costs for each weighting category.

Adding a Special SPED Program:

Step 1: If the district does not have a special education program segregated in a separate district building in the district, skip the “**Adding a Special SPED Program**” section.

Step 2: If the district serves students in a special SPED program and has received approval by the DE, select the “**Add Special SPED Program**” button.

Step 3: Enter the entity’s name.

Add/ Edit Entity Name:

Entity Name:

Step 4: Enter the total special education allowable expenditure objects for the special SPED program in all of the following weighting categories.

Total Salaries	<input type="text" value="\$500,000.00"/>	<input type="text" value="\$400,000.00"/>	<input type="text" value="\$300,000.00"/>
Total Employee Benefits	<input type="text" value="\$200,000.00"/>	<input type="text" value="\$100,000.00"/>	<input type="text" value="\$90,000.00"/>
Total Employee Travel	<input type="text" value="\$80,000.00"/>	<input type="text" value="\$70,000.00"/>	<input type="text" value="\$60,000.00"/>
Total Supplies & Materials	<input type="text" value="\$50,000.00"/>	<input type="text" value="\$40,000.00"/>	<input type="text" value="\$30,000.00"/>
Total Contracted Services (Non-Tuition)	<input type="text" value="\$20,000.00"/>	<input type="text" value="\$10,000.00"/>	<input type="text" value="\$9,000.00"/>
Total Equipment	<input type="text" value="\$8,000.00"/>	<input type="text" value="\$7,000.00"/>	<input type="text" value="\$6,000.00"/>

Step 5: Enter the total amount of individualized costs for each weighting category for **all** students educated in the district’s special SPED program, which includes both resident and non-resident students. Individualized costs are costs incurred by the district for services provided to a single student.

Less: Individualized Student Costs	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Step 6: Enter the “**Total Special Education Student Days/Hours**” of the district’s special SPED program, including both resident and non-resident students. This should equal the sum of all students’ enrolled days of all students served in the district’s special SPED program. Example: The count input into each cell will not equal 180 unless there is only one student educated at that level for the entire year.

Total Special Education Student Days	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
--------------------------------------	--------------------------------	--------------------------------	--------------------------------

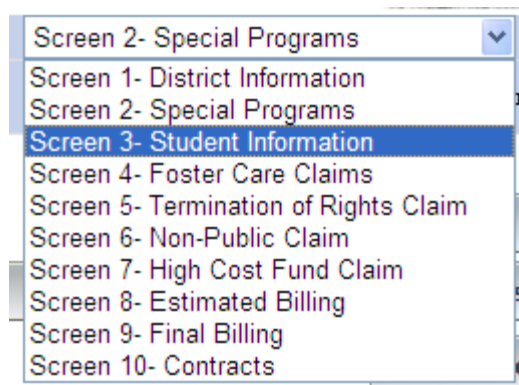
Step 7: Select the “**submit**” button to save the information entered and to have the program calculate the costs for each weighting category.

Special Programs:

Step 1: When all special programs available in the district’s boundaries have been entered, the program will list all programs available.

Special Programs			
	Entity Name	Entity Type	
Edit	Four Oaks	Day Program	Delete
Edit	Woodward Academy	Residential Program	Delete
Edit	Alcatraz	Adult Prison Program	Delete
Edit	Kids Company	Preschool Program	Delete

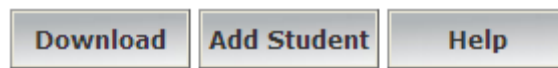
Step 2: Go to the dropdown menu at the top of screen 2 and select “**Screen 3 – Student Information**”.



Screen 3: Student Information

Step 1: Select the “Add Student” button to begin adding non-resident students educated in your district’s special education program that were not preloaded and for whom you can bill.

NOTE: Do not enter open enrolled in students that were late transfers (open enrollment approved after October 1), because under Iowa Code your district is not allowed to bill tuition or special education costs in the first year on an open enrollment late transfer student.



Step 2: For each student, the LEA must complete the “Add/Edit Student Information” table.

Add/ Edit Student Information:	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Student ID:	<input type="text"/>
Resident District:	<input type="text" value="Select"/> ▼
Student Level:	<input type="text" value="Select"/> ▼
SBRC Admin Billed:	<input type="text"/>
Student Status:	<input type="text" value="Select"/> ▼
Days Enrolled 1st Semester:	<input type="text"/>
Days Enrolled School Year:	<input type="text"/>
Medicaid Reimbursement:	<input type="text"/>
Medicaid Number:	<input type="text"/>
First Semester Individualized Costs:	<input type="text"/>
School Year Individualized Costs:	<input type="text"/>
Individualized Cost Description:	<input type="text"/> ▲ ▼

First Name: Enter the student's first name.

Last Name: Enter the student's last name.

Student ID: Enter the student's 10 digit state id number. This is a mandatory field.

Whole grade Sharing: Check "X" if the student is enrolled in a whole grade sharing grade. Technically students with IEPs are contracted in or out rather than whole grade shared in or out.

Resident District: Choose the resident school district responsible for payment of the student's special education costs from the dropdown menu provided. If the student does not have an Iowa district as the resident district, the billing district will need to select "Other" from the dropdown menu. After that, the district will need to type in a name of the responsible entity.

Resident District:	Other	▼
	State of Minnesota	

Student Level (of weighting): Enter the student's weighting listed on the current IEP. If the student's weighting has changed during the school year, enter this student again for the dates that the student had another weighting. The weightings available in the drop down menu are 1.72, 2.21, and 3.74.

Estimated SBRC Admin Billed (first semester): Generally this will be zero. There would only be an amount if the SBRC approved administrative costs for the district filing this claim and for the facility in which this student resides. Nonpublic special education students would never be eligible for SBRC admin billing.

SBRC Admin Billed (total to date): For first semester, enter the same number of entered above for estimated SBRC Admin Billed. For second semester, enter the total actual amount allowed for billing.

Previous Year Billing: Available for first semester billing only. Before second semester, all previous year billing should have been completed. Districts are required by law to bill for the school year by February 15 and by July 15. If for some extraordinary reason beyond the control of the district, it was unable to bill timely per Code, it will be necessary to bill in the subsequent year. If that is the case, the district must identify that the billing is for a previous year. The program will capture the costs for the previous year for billing purposes and this information must be identifiable for reporting purposes. If the same student is served in the current school year, the student will be entered more than once to identify the costs that are for the previous year and the costs that are for the current school year.

Student Status: Select the appropriate status by which the student is being educated. If the student is educated outside the LEA, the billing LEA will need to choose the name of the entity providing educational services to the student from the dropdown menu.

Student Status:	Full Time/Tuition In/Residential	▼
Entity Name:	Juvenile Facility	▼

If the student's status has changed during the school year, the student can be entered again for the number of days that the student was served under another status.

Hours/Days Enrolled Estimated Billing (First Semester): Enter the number of hours/days the student was enrolled in the first semester in your district.

Hours/Days Enrolled School Year: For first semester, enter the same number of hours/days as you enter above. For second semester, enter the total actual hours/days of enrollment for the school year.

Estimated Medicaid Reimbursement (first semester): Enter the net amount of Medicaid reimbursement the billing district will receive for providing special education services first semester to this student which were not already coded as Medicaid in the records uploaded for TIB. The billing district cannot bill the resident district for costs for which the billing district will be reimbursed by Medicaid even if the billing district has not yet filed the applicable claim. Amounts that were already coded to Medicaid have not been uploaded into the costs for billing, so do not need to be reported here.

Medicaid Reimbursement (school year): For first semester, enter the same number of days as you enter above. For second semester, enter the total net amount of Medicaid reimbursement the billing district will receive for providing special education services to this student which were not already coded as Medicaid in the records uploaded for TIB. The billing district cannot bill the resident district for costs for which the billing district will be reimbursed by Medicaid even if the billing district has not yet filed the applicable claim. Amounts that were already coded to Medicaid have not been uploaded into the costs for billing, so do not need to be reported here.

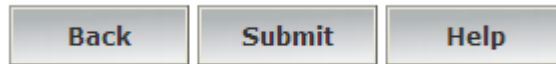
Medicaid Number: Enter the student's Medicaid number. This is a mandatory field if the student is eligible under Medicaid.

Estimated Individualized Costs (First Semester): Enter the amount of costs incurred for this student in the first semester that only applies to this child exclusively. An example would be a one-on-one paraprofessional. Be sure not to include in individualized costs any expenditures related to other state or federal categorical funding because those were not included in the upload and would also not be billed to the resident district. Also include transportation costs on the IEP for this specific student because those costs were not in the information uploaded from the CAR-COA.

School Year Individualized Costs: For first semester, enter the same amount of costs recorded for this student above. For second semester, enter the total amount of costs incurred for this student for the school year that only applies to this child exclusively. Be sure not to include in individualized costs any expenditures related to other state or federal categorical funding because those were not included in the upload and would also not be billed to the resident district. Also include transportation costs on the IEP for this specific student because those costs were not in the information uploaded from the CAR-COA.

Individualized Cost Description: Enter an explanation of the individualized costs the student incurred.

Step 3: Select the “**submit**” button at the top of the screen, when the student’s information is completed.



Step 4: Repeat Step 1-3 until all the tuitioned in students have been entered.

Step 5: Verify that the student information listed on the “**Student Information**” table is correct. If any of the information is incorrect, the LEA will need to select the “**edit**” button to correct the inaccuracies.

Student Information												
	First Name	Last Name	Resident District	Student Level	1st Semester Days	School Year Days	1st Semester Individualized Costs	School Year Individualized Costs	SBRC Admin Billed	Medicaid Reimbursement	Student Status	
Edit	Dobsonbjbbjggg	Jonathanddddggg	(0540) BCLUVW Comm School District	2.21	90	90	\$1,000.00	\$1,000.00	\$100.00	\$100.00	Full Time/Open Enrolled/in District	Delete
Edit	Student	Other	Other 1	1.72	4	2	\$4.00	\$44.00	\$33.00	\$44.00	Full Time/Tuition In/Day Program	Delete
Edit	Student	Other	Other District	1.72	8	88	\$8.00	\$88.00	\$33.00	\$8.00	Full Time/Open Enrolled/in District	Delete
Edit	test	Other	west des moines	1.72	8	8	\$8.00	\$88.00	\$22.00	\$888.00	Full Time/Open Enrolled/in District	Delete
			Totals				\$2,040.00	\$2,440.00	\$376.00	\$2,080.00		

Step 6: In order to verify the accuracy of the entries, a “**download**” button is listed at the top of the screen. The “**download**” button inputs all the data into an excel spreadsheet for further use.

Step 7: Go to the dropdown menu at the top of screen 3 and select “**Screen 4 – Foster Care Claims.**”

CLAIMS

Screens 4-7 are Claims that go to the Department of Education automatically from data entered on Screen 3 and will not be included in Screens 8 or 9. However, each claim has some additional information required, as noted below, prior to submission of the claim. Special Education Expenditures and General Purpose Percentage are generated from Screen 1 or 2 data, as appropriate. Claims are Due on August 1. Claims are paid at the end of August.

Screen 4: Foster Care Claims

“Foster Care” is used as the title for this claim, but this could be misleading to school districts because it does not mean that all students under foster care should be reported as such on a claim. This student status should only be used, if all the following items are applicable:

- The student is served pursuant to an IEP;
- Parental rights have not been terminated;
- The parents do not live in Iowa or where they live cannot be determined after reasonable efforts to locate them; and
- No Iowa school district counted them on the special education weighted headcount in October of the current school year.

If all of these items are not applicable, the district needs to bill the district where the parents lived on the dates served or bill the district that counted the student on the special education count if the parents moved out of state or could not be located after due diligence. Use the Look Back Tool Application to find which district counted the student on the special education weighted headcount in October of the current school year.

Screen 5: Termination of Parental Rights Claims

This student status should only be used, if all the following items are applicable:

- The student is served pursuant to an IEP;
- The parental rights of the student have been terminated; and
- No Iowa school district counted them on the special education weighted headcount in October of the current school year.

The district needs to bill the district where the parents lived on the dates served prior to termination of rights or bill the district that counted the student on the special education count if the parents’ rights were terminated on the days served. Use the Look Back Tool Application to find which district, if any, counted the student on the special education weighted headcount in October of the current school year.

Screen 6: Non-Public Claims

This student status should only be used, if all the following items are applicable:

- The student is served pursuant to an IEP;
- The student is attending an accredited non-public school for general education services while receiving special education services from the public school district; and
- The cost of providing special education services to the student exceed those funds generated by the resident district for counting the student on special education count (billed to the resident district if you are not the resident district) and those funds generated by your district counting the student as nonpublic shared time on the certified enrollment (if services were provided in the public school and not at the nonpublic school location).

Screen 7: High Cost Fund Claims

This student status should only be used, if all the following items are applicable:

- The student is served pursuant to an IEP;
- The costs of educating the student exceed three times the State's average per pupil special education expenditure, as calculated annually by the Department, plus the calculated amount of Medicaid eligible expenditures; and
- The claim filed by the LEA or AEA does not qualify as a foster care claim, termination of rights claim, or a non-public claim under current Iowa law.

High Cost Fund Claims are paid from a set-aside portion of IDEA Part B by the State. The amount set aside might be less than the total of high cost fund claims received. In that case, the amount paid to each district will be prorated. If a claim is filed late, funding will not be available to cover that high cost fund claim because the available funding will already have been allocated to districts which timely filed.

Reimbursement Minimum This information is entered automatically from a Department of Education entered number.

Medicaid Eligible Service Costs

Calculated Reimbursement This information is calculated automatically of what the reimbursement would be if the high cost funding were unlimited.

Actual Reimbursement Amount The high cost funding is limited and could be prorated, this row is used by the Department to enter the prorated funding the district will receive.

Look Back Tool Application

This application helps the district determine what public agency needs to be billed for a student placed in foster care only. The program should only be used, if the following items are applicable:

- The student is served pursuant to an IEP;

- The parents do not live in Iowa or cannot be found after reasonable efforts to locate them.
- No Iowa school district counted the student on the special education weighted headcount in October of the current school year.

If the parents live in Iowa and rights are not severed or if an Iowa school district counted the student on its special education weighted count, do not use this program. Your district needs to bill the district where the parents live for the special education instructional services.

Step 1: Enter the last name of the student whose foster care status you are checking and then select the “**tab**” key on your keyboard.

Foster Care Verification Search		
Last Name	Date of Birth	Student ID
crew		

Step 2: Review the results the program creates and try to locate the student you are searching for. If the results are too numerous to review, enter the “**date of birth**” of the student you are seeking to find and then select the “**tab**” key on your keyboard.

Foster Care Verification Search		
Last Name	Date of Birth	Student ID
crew	1/21/1997	

Step 3: Review the results the program creates and try to locate the student you are searching for. If the results are too numerous to review, enter the “**Student ID**” of the student you are seeking to find and then select the “**tab**” key on your keyboard.

Foster Care Verification Search		
Last Name	Date of Birth	Student ID
crew	1/21/1997	8586275012

Step 4: If the program lists the student you are looking for, your district will need to bill the district listed under the heading “**Resident District**” for the special education instructional services provided by your district.

Results for Foster Care Verification				
Student Id	First Name	Last Name	Date of Birth	Resident District
8586275012		CREW	01/21/1997	(4203) Mediapolis Comm School District

Step 5: If the program does not list the student you are looking for, your district needs to complete a **Claim Form** at the end of the year within the “**Tuition In Billing (TIB)**” program.

All screens 4-7 are claims that go to the Department of Education from these screens automatically and will not be included in Screen 8 or 9.

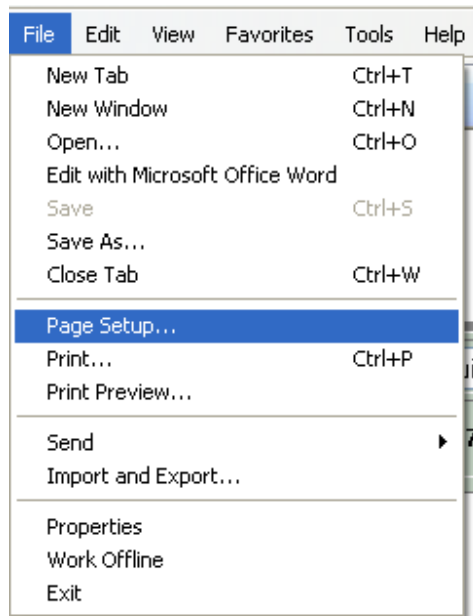
Screen 8: First Semester Billing

Step 1: Verify the student information listed on the “**1st Semester Billing**” table is correct. If any of the information is incorrect, the district will need to return to the previous screens to correct the errors.

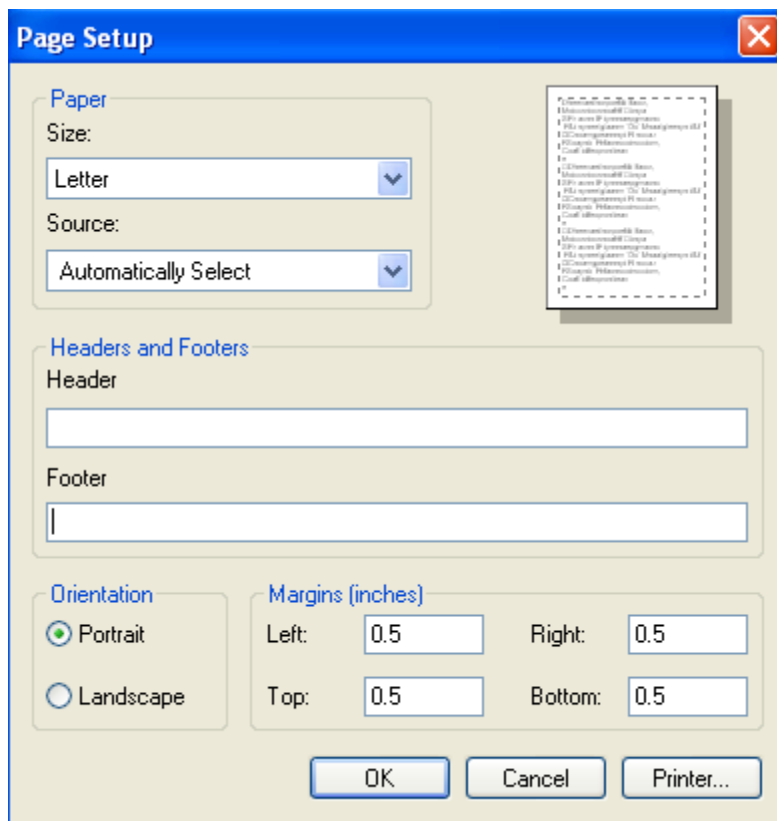
Estimated Billing									
Student Id	First Name	Last Name	Resident District	1st Semester Days	Student Weighting	Special Education Expenditures	General Program Expenditures	1st Semester Individualized Costs	Estimated Billing
0000000000	Student	A	(0009) AGWSR Comm School District	90	1.72	\$2,409.30	\$2,615.40	\$1,000.00	\$6,024.70
1111111111	Student	B	(0018) Adair-Casey Comm School District	90	2.21	\$6,069.60	\$940.50	\$1,000.00	\$8,010.10
2222222222	Student	C	(0027) Adel DeSoto Minburn Comm School District	90	3.74	\$6,600.60	\$793.80	\$1,000.00	\$8,394.40
			Totals			\$15,079.50	\$4,349.70	\$3,000.00	\$22,429.20

Step 2: In order to verify the accuracy of the entries, a “**download**” button is listed at the top of the screen. The “**download**” button inputs all the data into an excel spreadsheet for further use.

Step 3: Before you print your bills, you will need to correct your internet’s page setup to ensure unneeded information is not printed on your billings. Select the “**File**” dropdown menu in the upper left hand corner of your computer screen then select “**Page Setup**”.



Step 4: Remove all text listed under “Header” and “Footer” on the “Page Setup” pop up screen then select the “OK” button.



Step 5: Click the certify button. Then email and print buttons will become available.

Step 6: Select the “**Print**” button to print the estimated bills.

Step 7: Pop-up windows will appear with tuitioned in bills already formatted to print. In addition, your computer’s print window will appear. Examples are below:

February 22, 2010

BCLUW Comm School District
610 East Center St
Conrad, IA 50621

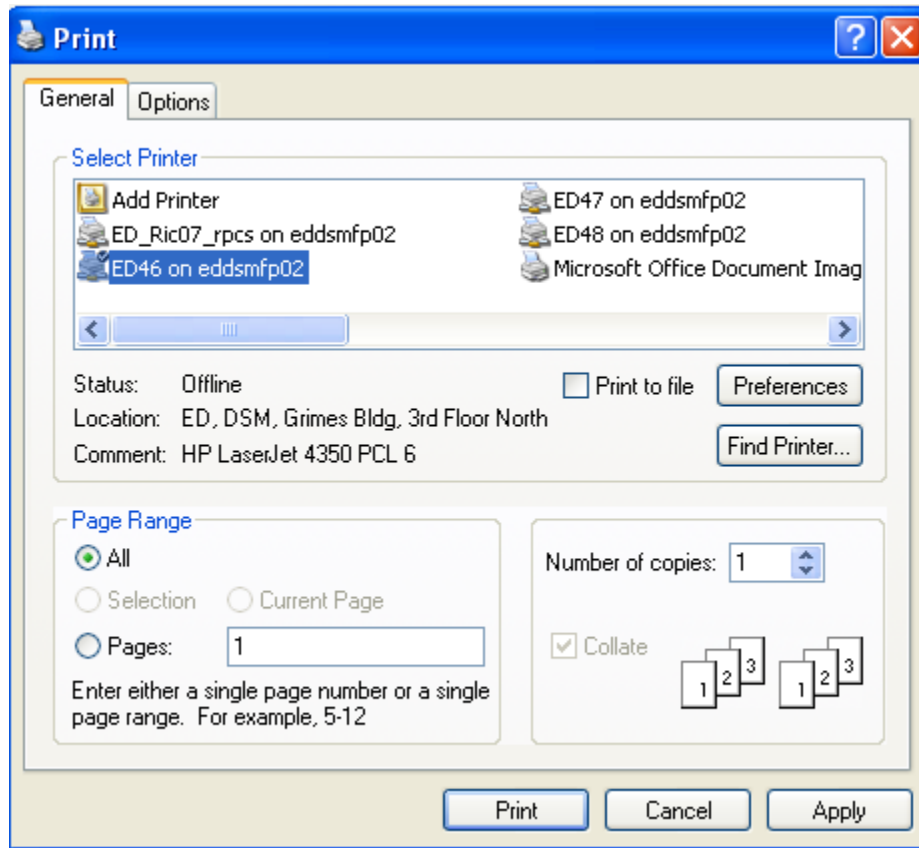
The following is an invoice for the estimated special education billing for part of the school year 2009-2010. Please remit your payment to AGWSR Comm School District at 511 State St, Ackley, IA 50601.

Student Information								
First Name	Last Name	1st Semester Days	Student Level	Special Education Expenditures	General Program Expenditures	1st Semester Individualized Costs	Medicaid Reimbursement	Estimated Billing
Dobsonbjbbjjggg	Jonathanddddggg	90	2.21	\$4,380.30	\$940.50	\$1,000.00	\$100.00	\$6,220.80
		Totals		\$4,380.30	\$940.50	\$1,000.00	\$100.00	\$6,220.80

If you have any questions about this billing, please contact test at (333) 333-3333.

Sincerely

test



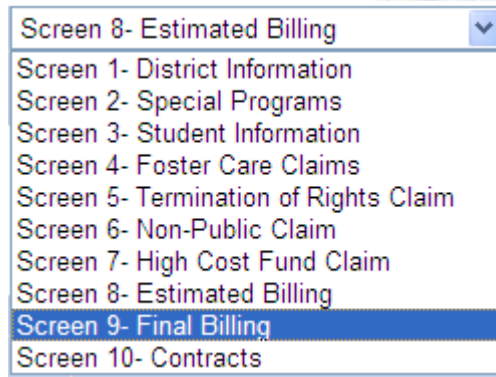
Step 8: Select the “**Print**” button on the pop up screen shown above.

Step 9: All your 1st semester billings have now been printed with a “**Cost Breakdown**” page to document how the costs were calculated. Mail the billings to the appropriate district.

If bills are found to contain errors, click the uncertify button and make the corrections. Re-do steps 1 through 9.

Again, the state of Iowa will not be billed for claims here because completing screens 4-7 constituted filing of a claim. The claims are paid in late August.

Step 10: Go to the dropdown menu at the top of screen 8 and select “**Screen 9 – Final Billing**”.



Screen 9: Final Billing

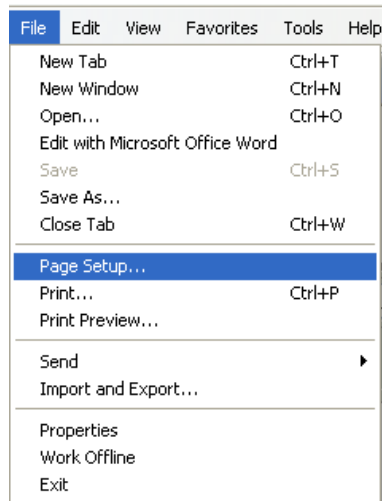
Step 1: Verify the student information listed on the “**Final Billing**” table is correct. If any of the information is incorrect, the district will need to return to the previous screens to correct the errors.

Final Billing												
Student Id	First Name	Last Name	Resident District	School Year Days	Student Weighting	Special Education Expenditures	General Program Expenditures	School Year Individualized Costs	SBRC Admin Billed	Medicaid Reimbursement	Estimated Billing	Final Billing
0000000000	Student	A	(0009) AGWSR Comm School District	180	1.72	\$4,818.60	\$5,230.80	\$1,000.00	\$1,000.00	\$0.00	\$6,024.70	\$6,024.70
1111111111	Student	B	(0018) Adair-Casey Comm School District	180	2.21	\$12,139.20	\$1,881.00	\$1,000.00	\$1,000.00	\$0.00	\$8,010.10	\$8,010.10
2222222222	Student	C	(0027) Adel DeSoto Minburn Comm School District	180	3.74	\$13,201.20	\$1,587.60	\$1,000.00	\$1,000.00	\$0.00	\$8,394.40	\$8,394.40
						\$30,159.00	\$8,699.40	\$3,000.00	\$3,000.00	\$0.00	\$22,429.20	\$22,429.20

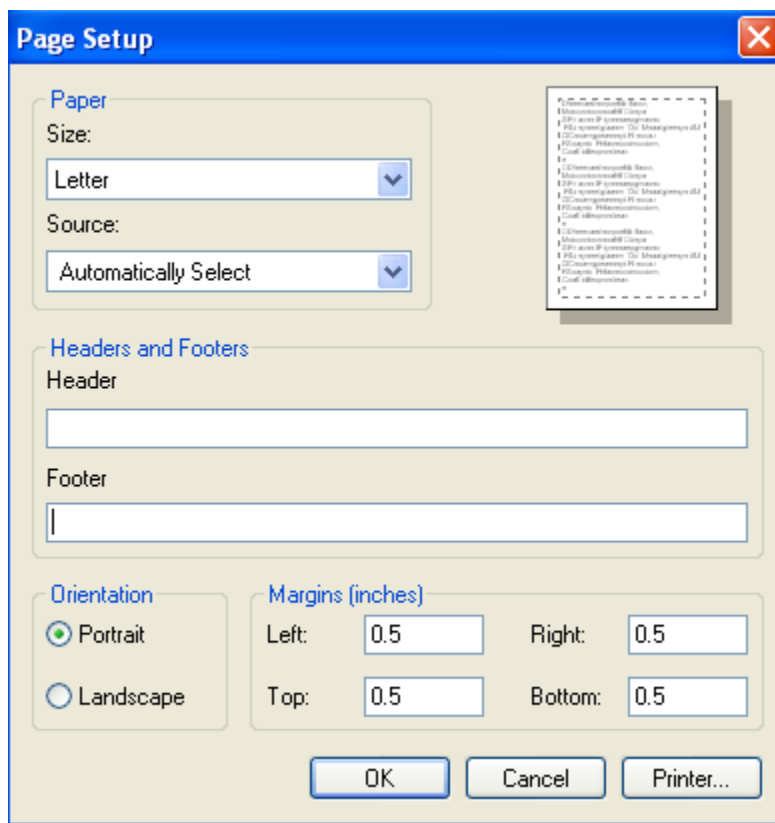
Step 2: The “**1st Semester Billing**” amount listed on the table comes from the 1st semester billing amount listed on screen 8. If the total amount received to date is different than what is listed, the district needs to enter the correct amount received to date.

Step 3: In order to verify the accuracy of the entries, a “**download**” button is listed at the top of the screen. The “**download**” button inputs all the data into an excel spreadsheet for further use.

Step 4: Before you print your bills, you will need to correct your internet’s page setup to ensure unneeded information is not printed on your billings. Select the “**File**” dropdown menu in the upper left hand corner of your computer screen then select “**Page Setup**”.



Step 5: Remove all text listed under “Header” and “Footer” on the “Page Setup” pop up screen then select the “OK” button.



Step 6: Click the certify button. Then email and print buttons will become available.

Step 7: Select the “Print” button to print the final bills.

Step 8: Pop-up windows will appear with tuitioned in bills already formatted to print. In addition, your computer's print window will appear. Examples are below:

February 22, 2010

BCLUW Comm School District
610 East Center St
Conrad, IA 50621

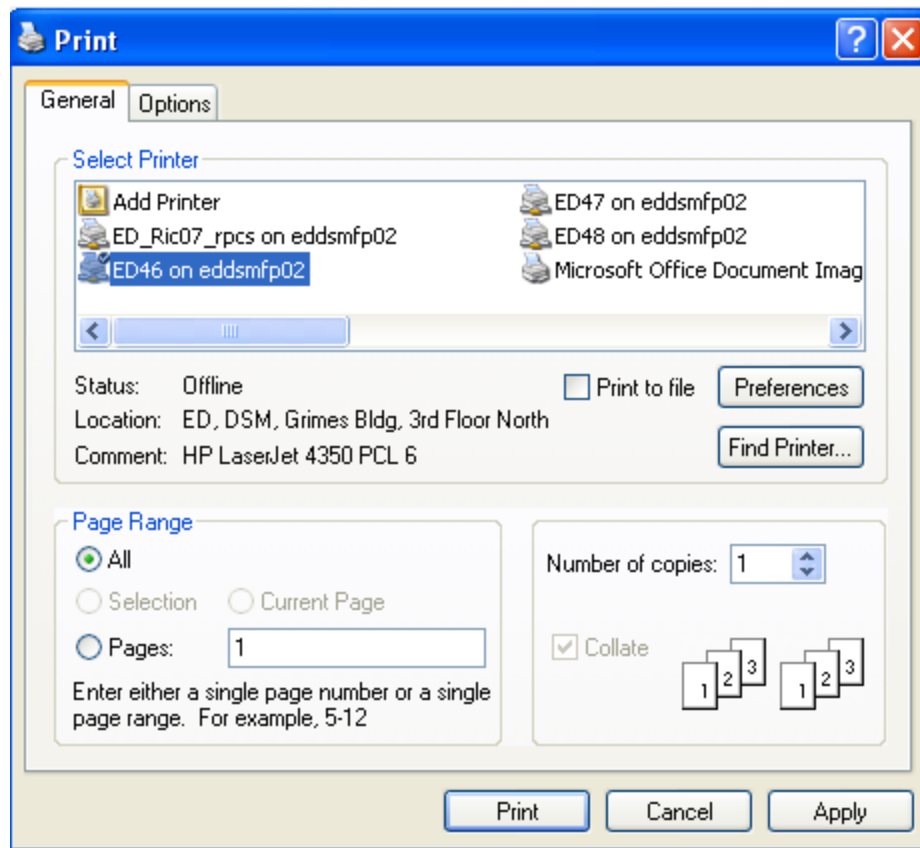
The following is an invoice for the estimated special education billing for part of the school year 2009-2010. Please remit your payment to AGWSR Comm School District at 511 State St, Ackley, IA 50601.

Student Information								
First Name	Last Name	1st Semester Days	Student Level	Special Education Expenditures	General Program Expenditures	1st Semester Individualized Costs	Medicaid Reimbursement	Estimated Billing
Dobsonbjbbjggg	Jonathandddggg	90	2.21	\$4,380.30	\$940.50	\$1,000.00	\$100.00	\$6,220.80
Totals				\$4,380.30	\$940.50	\$1,000.00	\$100.00	\$6,220.80

If you have any questions about this billing, please contact test at (333) 333-3333.

Sincerely

test



Step 9: Select the “**Print**” button on the pop up screen shown above.

Step 10: All your final billings have now been printed with a “**Cost Breakdown**” page to document how the costs were calculated. Mail the billings to the appropriate district.

If bills are found to contain errors, click the uncertify button and make the corrections. Re-do steps 1 through 10.

Again, the state of Iowa will not be billed for claims here because completing screens 4-7 constituted filing of a claim. The claims are paid in late August.

Step 11: Go to the dropdown menu at the top of screen 9 and select “**Screen 10 – Contracts.**”

Screen 10 – Contracts

Step 1: Click on the “**Content**” link for any of the contract screens that do not have “**No records found!**” under the heading.

Step 2: In the text window that opens type the body of the contract that the district wishes to send for the type of contract chosen. A header for the contract and signature lines are not necessary, because they are already included in the programming. The email address and phone number for the contact information in the contract originate from the Special Education Billings tab on the introduction page of the application. Click the “**Submit**” to save the document created. The “**Return**” button takes the user back to the initial contracts page.

Step 3: Click on the “**Print**” link to preview the contracts that will be printed. Check the header, email, phone, and the students listed to ensure correctness. Each sending district to which the receiving district needs to issue a contract will be printed on a separate page.

The printed contract will appear similar to this:

ABC Community School District
Contract for Special Education Services

Email: sbo@abc.k12.ia.us

Phone: 515-555-5555

Student ID	Student Name	Resident District	Student Level
1111111111	Otis Onesy	ZYX Comm School District	1.72
2222222222	Tina Tuesday	ZYX Comm School District	2.21
3333333333	Thureau Thorough	ZYX Comm School District	3.74

Your contract language will show here:

Parties of the contract

Services to be purchased

Billing and payment statement

Duration

Termination notice

Sending Agency Board President

Date

Sending Agency Board Secretary

Date

Receiving Agency Board President

Date

Receiving Agency Board Secretary

Date